Customized PTO/SB/01 (09-04) **DECLARATION FOR UTILITY OR** Docket No. HO235/000HO **DESIGN PATENT APPLICATION** 1st Inventor BULL, Desmond K. et al. COMPLETE IF KNOWN (37 CFR 1.63) 10/525,846 Appl. No. Declaration Submitted with Initial Filing 2/25/2005 Declaration Submitted after Initial Filing Filing Date I hereby declare that: Each inventor's residence, mailing address and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: APPARATUS FOR TESTING TENSION OF ELONGATED FLEXIBLE MEMBER the specification of which: is attached hereto OR was filed on 29 August 2003 as PCT International Application No. PCT/NZ2003/000191, and (if applicable) was amended on . I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim FOREIGN PRIORITY benefits under 35 USC 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the US, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. (___ Additional applications listed on supplemental sheet provided herewith) Prior Foreign Appl. No. Country Filing Date (MM/DD/YYYY) Priority Not Claimed 521094 30 August 2002 **Power Of Attorney & Correspondence Address Indication CUSTOMER NUMBER 24350** I hereby appoint the practitioners (of Stites & Harbison PLLC) associated with as my/our attorneys or agents to prosecute the application identified above, and to transact all business in the US Patent and Trademark Office connected therewith. Please direct all correspondence to the address of the above-mentioned Customer Number. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. (_ Additional inventors named on supplemental sheet provided herewith) **SOLE OR FIRST INVENTOR** NZ Citizenship Family Name Given Name (First and Middle [if any]) **BULL** Desmond K. or Sumame **Full Mailing** 19, Thornwood Place, Redwood, Christchurch, New Zealand Address 19, Thorny Residence - City, State/Country "same as above" (if different from mailing address) SIGN AND DATE HERE 05 Inventor's Signature Date SECOND JOINT INVENTOR (if any) Citizenship NZ Given Name (First and Middle [if any]) Family Name Christopher J. **ALLINGTON** or Sumame Full Mailing 118 Roker Street, Somerfield, Christchurch, New Zealand Address 118 Roker S Residence - City, State/Country (if different from mailing address) "same as above; /JS . Date Inventor's Signature **DATE HERE** THIRD JOINT INVENTOR (if any) NΖ Citizenship Given Name (First and Middle [if any]) Family Name Richard J. **NEWTON** Full Mailing 3, Davie Street, Kaiapoi, New Zealand Address Residence - City, State/Country (if different from mailing address "same as **#**bove" SIGN AND DATE HERE Inventor's Signature Date

Stites & Harbison PLLC • 400 West Market Street • Suite 1800 • Louisville, Kentucky 40202 TEL (502) 681-9321 • FAX (502)-779-8225

HO235:000HO:435965:1:LOUISVILLE